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Elizabeth Orleman

(Depositor's name)

Elizabeth Orleman

(Signature)

3/24/05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/790,919	03/02/2004	Ta-Lee Yu	TS2000068BD	1400

TITLE OF INVENTION: BIPOLAR ESD PROTECTION STRUCTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DOAN, THERESA T	2814	257-361000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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(A) NAME OF ASSIGNEE

TAIWAN SEMICONDUCTOR MANUFACTURING  
COMPANY, LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HSIN-CHU, TAIWAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joseph A. Powers

Date

March 24, 2005

Typed or printed name

Joseph A. Powers

Registration No.

47,006

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/790,919	
	Filing Date	March 2, 2004	
	First Named Inventor	Ta-Lee Yu	
	Art Unit	2814	
	Examiner Name	Theresa T. Doan	
Total Number of Pages in This Submission	3	Attorney Docket Number	N1085-90089 [TS00-068BD]

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee(s) Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Allowance <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Postcard</b>
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Joseph A. Powers, Reg. No. 47,006 Duane Morris LLP, Customer Number 08933
Signature	<i>Joseph A. Powers</i>
Date	<i>March 24, 2005</i>

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Typed or printed name	Elizabeth Orleman		
Signature	<i>Elizabeth Orleman</i>	Date	<i>3/24/05</i>

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